SPARTA NURSING HOME 310 WEST MAIN STREET

SPARTA 54656 Phone: (608) 269-	2132	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operat	ion: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03)	: 30	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	30	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	30	Average Daily Census:	28

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	8
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	ફ ફ	, , , , , , , , , , , ,	ફ ફ		26.7 36.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.3		26.7
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)	30.0		0.0 30.0	 	90.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	53.3	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	13.3	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res:	idents
Home Delivered Meals	No	Fractures	6.7		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	16.7	65 & Over	96.7		
Transportation	No	Cerebrovascular	6.7			RNs	6.4
Referral Service	No	Diabetes	13.3	Gender	용	LPNs	10.0
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	26.7	Male	23.3	Aides, & Orderlies	35.0
Mentally Ill	No	[Female	76.7		
Provide Day Programming for			100.0				
Developmentally Disabled	No	1		1	100.0		
*********	***	********	*****	******	*****	*******	*****

Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	2	8.3	145	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	6.7
Skilled Care	1	100.0	231	21	87.5	123	0	0.0	0	5	100.0	155	0	0.0	0	0	0.0	0	27	90.0
Intermediate				1	4.2	101	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	3.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		24	100.0		0	0.0		5	100.0		0	0.0		0	0.0		30	100.0

Facility ID: 8480 County: Monroe Page 2

SPARTA NURSING HOME

*******	*****	******	*****	*****	*****	******	******
Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	nd Activities as of 12,	31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of				<u> </u>	Number of
Private Home/No Home Health	12.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	10.0		70.0	20.0	30
Other Nursing Homes	3.1	Dressing	13.3		66.7	20.0	30
Acute Care Hospitals	62.5	Transferring	30.0		50.0	20.0	30
Psych. HospMR/DD Facilities	0.0	Toilet Use	20.0		60.0	20.0	30
Rehabilitation Hospitals	3.1	Eating	60.0		33.3	6.7	30
Other Locations	18.8	********	*****	****	******	******	******
Total Number of Admissions	32	Continence		용	Special Treatmen	its	용
Percent Discharges To:		Indwelling Or Extern	al Catheter	0.0	Receiving Resp	iratory Care	10.0
Private Home/No Home Health	31.0	Occ/Freq. Incontinen	t of Bladder	50.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	13.8	Occ/Freq. Incontinen	t of Bowel	20.0	Receiving Suct	ioning	0.0
Other Nursing Homes	13.8				Receiving Osto	omy Care	0.0
Acute Care Hospitals	3.4	Mobility			Receiving Tube	- Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving Mech	anically Altered Diets	33.3
Rehabilitation Hospitals	0.0	1					
Other Locations	6.9	Skin Care			Other Resident C	Characteristics	
Deaths	31.0	With Pressure Sores		0.0	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		6.7	Medications		
(Including Deaths)	29	I			Receiving Psyc	choactive Drugs	80.0

	This Other Hospital-			All	
	Facility	Based Facilities		Fac	ilties
	%	8	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.3	90.1	1.04	87.4	1.07
Current Residents from In-County	93.3	83.8	1.11	76.7	1.22
Admissions from In-County, Still Residing	28.1	14.2	1.99	19.6	1.43
Admissions/Average Daily Census	114.3	229.5	0.50	141.3	0.81
Discharges/Average Daily Census	103.6	229.2	0.45	142.5	0.73
Discharges To Private Residence/Average Daily Census	46.4	124.8	0.37	61.6	0.75
Residents Receiving Skilled Care	96.7	92.5	1.05	88.1	1.10
Residents Aged 65 and Older	96.7	91.8	1.05	87.8	1.10
Title 19 (Medicaid) Funded Residents	80.0	64.4	1.24	65.9	1.21
Private Pay Funded Residents	16.7	22.4	0.74	21.0	0.80
Developmentally Disabled Residents	0.0	1.2	0.00	6.5	0.00
Mentally Ill Residents	30.0	32.9	0.91	33.6	0.89
General Medical Service Residents	26.7	22.9	1.16	20.6	1.30
Impaired ADL (Mean) *	46.0	48.6	0.95	49.4	0.93
Psychological Problems	80.0	55.4	1.44	57.4	1.39
Nursing Care Required (Mean) *	6.3	7.0	0.89	7.3	0.85